



Department of Growth Management
Building Division

POWER OF ATTORNEY

Date

I hereby name and appoint _____
to be my lawful attorney in fact to sign my documents pertaining to permits for the Lake County Building
Division. (Check and complete one of the following.)

☐ To sign for any and all documents until further notice.

OR

☐ To this specific job for work to be performed at

Alternate Key # _____ Section _____ Township _____ Range _____
Lot _____ Block _____ Subdivision _____

License #

Name of Certified Contractor (Type or Print)

Signature of Certified Contractor

State of Florida

County of Lake

The foregoing instrument was acknowledged before me this _____ day of _____
_____, _____, by _____ who is personally known
to me or has produced _____ as identification and who
did _____ or did not _____ take an oath.

(SEAL)

Notary Public (Signature)